



## Complete Summary

### TITLE

Emergency medicine: percentage of patients with an emergency department discharge diagnosis of AMI who had documentation of receiving aspirin within 24 hours before emergency department arrival or during emergency department stay.

### SOURCE(S)

American College of Emergency Physicians, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Emergency medicine physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2006 Oct. 14 p. [6 references]

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of patients with an emergency department discharge diagnosis of acute myocardial infarction (AMI) who had documentation of receiving aspirin within 24 hours before emergency department arrival or during emergency department stay.

### RATIONALE

The emergency physician should document that the patient received aspirin no matter where or when the aspirin was taken.\*

\*The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines and represent the evidence base for the measure:

Aspirin should be chewed by patients who have not taken aspirin before presentation with ST-segment elevation myocardial infarction (STEMI). The initial dose should be 162 mg to 325 mg. Although some trials have used enteric-coated aspirin for initial dosing, more rapid buccal absorption occurs with non-enteric-coated aspirin formulations. (American College of Cardiology/American Heart Association [ACC/AHA])

## **PRIMARY CLINICAL COMPONENT**

Emergency department; acute myocardial infarction (AMI); aspirin

## **DENOMINATOR DESCRIPTION**

All patients with an emergency department discharge diagnosis of acute myocardial infarction (AMI) (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

## **NUMERATOR DESCRIPTION**

Patients who had documentation of receiving aspirin within 24 hours before emergency department arrival or during emergency department stay

## **Evidence Supporting the Measure**

### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

## **Evidence Supporting Need for the Measure**

### **NEED FOR THE MEASURE**

Use of this measure to improve performance  
Variation in quality for the performance measured

## **State of Use of the Measure**

### **STATE OF USE**

Current routine use

### **CURRENT USE**

Internal quality improvement  
National reporting

## Application of Measure in its Current Use

### **CARE SETTING**

Emergency Medical Services  
Hospitals

### **PROFESSIONALS RESPONSIBLE FOR HEALTH CARE**

Physicians

### **LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Individual Clinicians

### **TARGET POPULATION AGE**

All ages

### **TARGET POPULATION GENDER**

Either male or female

### **STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

## Characteristics of the Primary Clinical Component

### **INCIDENCE/PREVALENCE**

Unspecified

### **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

### **BURDEN OF ILLNESS**

Unspecified

### **UTILIZATION**

Unspecified

### **COSTS**

Unspecified

## Institute of Medicine National Healthcare Quality Report Categories

### IOM CARE NEED

Getting Better

### IOM DOMAIN

Effectiveness

Timeliness

## Data Collection for the Measure

### CASE FINDING

Users of care only

### DESCRIPTION OF CASE FINDING

All patients with an emergency department discharge diagnosis of acute myocardial infarction (AMI)

### DENOMINATOR SAMPLING FRAME

Patients associated with provider

### DENOMINATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

All patients with an emergency department discharge diagnosis of acute myocardial infarction (AMI)

#### Exclusions

- Documentation of medical reason(s) for patient not receiving aspirin within 24 hours before emergency department arrival or during emergency department stay
- Documentation of patient reason(s) for patient not receiving aspirin within 24 hours before emergency department arrival or during emergency department stay

### RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

### DENOMINATOR (INDEX) EVENT

Clinical Condition  
Encounter

**DENOMINATOR TIME WINDOW**

Time window is a single point in time

**NUMERATOR INCLUSIONS/EXCLUSIONS****Inclusions**

Patients who had documentation of receiving aspirin within 24 hours before emergency department arrival or during emergency department stay

**Exclusions**

None

**MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

**NUMERATOR TIME WINDOW**

Fixed time period

**DATA SOURCE**

Administrative data  
Medical record

**LEVEL OF DETERMINATION OF QUALITY**

Individual Case

**PRE-EXISTING INSTRUMENT USED**

Unspecified

**Computation of the Measure****SCORING**

Rate

**INTERPRETATION OF SCORE**

Better quality is associated with a higher score

**ALLOWANCE FOR PATIENT FACTORS**

Unspecified

## **STANDARD OF COMPARISON**

Internal time comparison

## **Evaluation of Measure Properties**

## **EXTENT OF MEASURE TESTING**

Unspecified

## **Identifying Information**

## **ORIGINAL TITLE**

Measure #2: aspirin at arrival for AMI.

## **MEASURE COLLECTION**

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

## **MEASURE SET NAME**

[Emergency Medicine Physician Performance Measurement Set](#)

## **SUBMITTER**

American Medical Association on behalf of the American College of Emergency Physicians, the Physician Consortium for Performance Improvement®, and the National Committee for Quality Assurance

## **DEVELOPER**

American College of Emergency Physicians  
National Committee for Quality Assurance  
Physician Consortium for Performance Improvement®

## **FUNDING SOURCE(S)**

Unspecified

## **COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

Bruce S. Auerbach, MD, FACEP (*Co-Chair*); Eric C. Schneider, MD, MSc (*Co-Chair*); James G. Adams, MD, FACEP; Dennis M. Beck, MD, FACEP; Raj Behal, MD, MPH; Stephen V. Cantrill, MD, FACEP; Randall B. Case, MD, FACEP; William Dalsey, MD, FACEP; Andrew Eisenberg, MD, MHA; Robert Emmick, Jr., MD, FACEP, MBA; James Feldman, MD, MPH; Paul Gitman, MD, MACP; Richard Griffey,

MD, MPH; Scott R. Gunn, MD; Stephen D. Hanks, MD, MMM, FACP; Jeffery P. Kanne, MD; Rahul Khare, MD; Sravanthi Reddy, MD; Carlotta M. Rinke, MD, FACP, MBA; Sam J.W. Romeo, MD, MBA; John F Schneider, MD, PhD; John J. Skiendzielewski, MD, FACEP; Carl Tommaso, MD, FASCAI

Marilyn Bromley, RN, American College of Emergency Physicians; Angela Franklin, JD, American College of Emergency Physicians

Sally Turbyville, MA, National Committee for Quality Assurance

Tom Croghan, MD, Mathematica Policy Research

Latousha D. Leslie, RN, MS, Centers for Medicare & Medicaid Services; Susan Nedza, MD, MBA, FACEP, Centers for Medicare & Medicaid Services; Sylvia Publ, MBA, RHIA, Centers for Medicare & Medicaid Services

Karen S. Kmetik, PhD, American Medical Association; Beth Tapper, MA, American Medical Association

Rebecca A. Kresowik, Facilitator; Timothy F. Kresowik, MD, Facilitator

Millie Perich, RN, MS, Joint Commission on Accreditation of Healthcare Organizations

Patrick Torcson, MD, MMM, FACP, Society of Hospital Medicine

Nancy Stonis, RN, BSN, MJ, Society of Critical Care Medicine

Gayle Whitman, PhD, American Heart Association

## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

## **ENDORSER**

National Quality Forum

## **INCLUDED IN**

Ambulatory Care Quality Alliance  
Physician Quality Reporting Initiative

## **ADAPTATION**

Measure was not adapted from another source.

## **RELEASE DATE**

2006 Oct

## **MEASURE STATUS**

This is the current release of the measure.

## **SOURCE(S)**

American College of Emergency Physicians, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Emergency medicine physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2006 Oct. 14 p. [6 references]

## **MEASURE AVAILABILITY**

The individual measure, "Measure #2: Aspirin at Arrival for AMI," is published in the "Emergency Medicine Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site: [www.physicianconsortium.org](http://www.physicianconsortium.org).

For further information, please contact AMA staff by e-mail at [cqi@ama-assn.org](mailto:cqi@ama-assn.org).

## **NQMC STATUS**

This NQMC summary was completed by ECRI Institute on October 12, 2007. The information was verified by the measure developer on November 21, 2007.

## **COPYRIGHT STATEMENT**

Measures including specifications

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